

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90303 006 \*\*\*\*55.00

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02092007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000116828</b> 1. Entity Name <b>G&amp;L HOLDINGS, LLC</b>			
Principal Place of Business <b>1009 SW 17 ST OCALA, FL 34474</b>		Mailing Address <b>1009 SW 17 ST OCALA, FL 34474</b>	
2. Principal Place of Business - No P.O. Box # <b>1503 SW 10th St</b>		3. Mailing Address <b>PO Box 4859</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL 34478</b>	
Zip <b>34474</b>		Zip <b>34478</b>	
Country 		Country 	
4. FEI Number <b>20-4045977</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>TAMBLINGSON, GLENN K 2245 S.E. 8TH STREET OCALA, FL 34471</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TAMBLINGSON, GLENN 2245 SE 8TH ST OCALA, FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TAMBLINGSON, LORI 2245 SE 8TH ST OCALA, FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <i>Lori Tamblingson</i>		Date <b>2/9/07</b> 352-368-5050	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			